REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 10/531,464 | | | | | |
|------------------------|---------------------|--|--|--|--|--|
| Filing Date | October 13, 2005 | | | | | |
| First Named Inventor | Kenneth Rundt | | | | | |
| Art Unit | 1797 | | | | | |
| Examiner Name | David A. Reifsnyder | | | | | |
| Attorney Docket Number | 150026.470USPC | | | | | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | | | |
|--|---------------------------|------|-------|---|-------|------|----------|---------|----|--|
| A Power of Attorney is submitted herewith. | | | | | | | | | | |
| OR | | | | | | | | | | |
| I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 00500 | | | | | | | | | | |
| Please change the correspondence address for the above-identified application to: | | | | | | | | | | |
| ☑ The address associated with Customer Number 00500 | | | | | | | | | | |
| OR | | | | | | | | | | |
| Firm <i>or</i> | al Name | | | | | | | | | |
| Address | | | | | | | | | | |
| City | | | | s | State | | Zip | | | |
| Country | | | | | | | | | | |
| Telephone | | | | E | Email | | | | | |
| I am the: | | | | | | | | | | |
| Applicant/Inventor. | | | | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | | | |
| , | | | | • | | • | ler 37 C | FR 3.71 | _ | |
| As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s). | | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | | |
| Signature | | mala | ent | | | Date | 9 | Oct | 09 | |
| Name | $\hat{\mathcal{D}}$ | Fold | 5/116 | 2 | | | | | | |
| Title and Company (Assignee) | president | | | | | | | | | |
| | BIO CONTROL SYSTEMS, INC. | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | | |
| forms are submitted. | | | | | | | | | | |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.